

**Fill in this information to identify the case:**

Debtor name Robert Ford Insurance Agency, Inc

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE

Case number (if known) 3:21-bk-30224-SHB

☐ Check if this is an  
amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 5, 2021

X /s/ Robert Ford

Signature of individual signing on behalf of debtor

Robert Ford

Printed name

Owner/CEO

Position or relationship to debtor

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>Republic Bank</b> Creditor's Name <b>CEO Thomas Bugielski</b> <b>2221 Camden Court</b> <b>Oak Brook, IL 60523</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>10/2019</b> Last 4 digits of account number <b>0001</b> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Allstate Book of Business</b>  Describe the lien <b>Purchase Money Security</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$888,849.27</b>  <b>\$394,000.00</b>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$888,849.27**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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United States Bankruptcy Court for the: **EASTERN DISTRICT OF TENNESSEE**

Case number (if known) **3:21-bk-30224-SHB**

☒ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>California Franchise Tax Board</b> <b>PO Box 942857</b> <b>Sacramento, CA 94257</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$73,000.00</b>	<b>\$73,000.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Centralized Insolvency Office</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$242,000.00</b>	<b>\$212,083.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>2019-2020</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **Robert Ford Insurance Agency, Inc**  
Name

Case number (if known) **3:21-bk-30224-SHB**

3.1 Nonpriority creditor's name and mailing address  
**Robert Regal**  
**736 Blue Beech Dr.**  
**Maryville, TN 37803**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

**\$225,113.19**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **Allstate Agency Book of Business**

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address  
**Small Business Association**  
**14925 Kingsport Rd.**  
**Fort Worth, TX 76155**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number **7402**

As of the petition filing date, the claim is: *Check all that apply.*

**\$222,000.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **Allstate Agency Book of Business**

Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Attorney General of the United States</b> <b>US Department of Justice</b> <b>950 Pennsylvania Ave., NW</b> <b>Washington, DC 20530-0001</b>	Line <b>2.2</b> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>United States Attorney's Office</b> <b>Howard H. Baker, Jr., U.S. Courthouse</b> <b>800 Market Street</b> <b>Suite 211</b> <b>Knoxville, TN 37902</b>	Line <b>2.2</b> <input type="checkbox"/> Not listed. Explain ____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
5b. Total claims from Part 2

Total of claim amounts	
5a.	\$ <b>315,000.00</b>
5b. +	\$ <b>447,113.19</b>

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c.	\$ <b>762,113.19</b>
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**United States Bankruptcy Court  
Eastern District of Tennessee**

In re **Robert Ford Insurance Agency, Inc**

Debtor(s)

Case No.  
Chapter

**3:21-bk-30224-SHB**  
**11**

**AMENDED AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:  
**amended Schedule D and E/F to move Robert Regal and the SBA from D to E/F**

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: **March 5, 2021**

**/s/ William E. Maddox, Jr.**

**William E. Maddox, Jr. 017462**

Attorney for Debtor(s)

**William E. Maddox, Jr., LLC**

**P. O. Box 31287**

**Knoxville, TN 37930**

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**wem@billmaddoxlaw.com**